108 CHY. 23665

UN Soi	UTHERN DISTRICT COURT UTHERN DISTRICT OF NEW YORK	
(In th	he space above enter the full name(s) of the plaintiff(s).)	
(777 177	ie space doore enter the fait hame(s) of the plainiff(s).)	COMPLAINT
	-against-	under the
	APTATN CILLENS#1473	Civil Rights Act, 42 U.S.C. § 193 (Prisoner Complaint)
D ₁	HICER PETERORD#8207 HICER BOLLING#17374	Jury Trial: ★Yes □ No (check one)
		Ť:
canno please additi listed	e space above enter the full name(s) of the defendant(s). If you of fit the names of all of the defendants in the space provided, e write "see attached" in the space above and attach an ional sheet of paper with the full list of names. The names in the above caption must be identical to those contained in I. Addresses should not be included here.)	
I.	Parties in this complaint:	
Α.	List your name, identification number, and the name confinement. Do the same for any additional plaintiffs na as necessary.	and address of your current place of med. Attach additional sheets of paper
Plaint		
	ID# 4410910203 Current Institution G.R.Y.C	
	Address 09-09 HAZEN ST EAST	
	11370	CU-HURST NY
В.	List all defendants' names, positions, places of employmen may be served. Make sure that the defendant(s) listed belo above caption. Attach additional sheets of paper as neces	w are identical to those contained in the

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Rev. 05/2007

Defendant No. 1	Name CAPTAIN GIVES Where Currently Employed N.I.C. Address 1500 HAZEN STEASTE	
Defendant No. 2	Name CAPTAIN COLLINS Where Currently Employed N.I.C Address 1500 HAZEN Sr EAST E.	LMHURST NY,
Defendant No. 3	Name DATCER PETTAURD Where Currently Employed N.T.C Address (500 HAZEN St. EAST E.	Shield #8207
Defendant No. 4	Name OTHER BOLLING Where Currently Employed N.I.C Address 15(X) HAZEN St. EAST E	Shield # 17374
Defendant No. 5	Name Where Currently Employed Address	
You may wish to inclurise to your claims. Donumber and set forth e A. In what institute B. Where in the income and set of the inco	sible the facts of your case. Describe how each of the nt is involved in this action, along with the dates and local defurther details such as the names of other persons into onot cite any cases or statutes. If you intend to allege a each claim in a separate paragraph. Attach additional should be events giving rise to your claim(s) occur? The Command of the events giving rise to your claim(s) occur? The Command of the events giving rise to your claim(s) occur? The Command of the events giving rise to your claim(s) occurs.	tions of all relevant events. volved in the events giving number of related claims, eets of paper as necessary. L.C. ur? Externog

,	D. Facts: SEE ACCACH
What happened to you?	
Who did what?	
Was anyone else involved?	
Who else saw what happened?	
	III. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Sent for X-Ray, toe was Brack 3. Bute I Suffered Extreme Path. Doctor I'm Urgent Care
	PUT A SPLTT AND A ACE BANDAGE WITH MEDICAL BOXT. HE ALSO GAVE ME A CAME AND TOLD ME THERE IS A BITG CHANCE OF
	TISSUE DAMAGE ALSO MUSCLE DAMAGE.
	IV. Exhaustion of Administrative Remedies:
	The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.
	A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes X No

D.	Arose cover some or all of your clain;(s)? Yes No Do Not Know If YES, which claim(s)? Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes No No No No No No No
D.	Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)? Yes No Do Not Know
D.	Yes No Do Not Know If YES, which claim(s)? Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes No If NO, did you file a grievance about the events described in this complaint at any other jail.
).	If YES, which claim(s)? Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes No If NO, did you file a grievance about the events described in this complaint at any other jail.
).	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes No \(\frac{1}{2} \) If NO, did you file a grievance about the events described in this complaint at any other init.
-	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose? Yes No \(\frac{1}{2} \) If NO, did you file a grievance about the events described in this complaint at any other init.
	Yes No \(\frac{1}{2} \) If NO, did you file a grievance about the events described in this complaint at any other init.
	If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes No X
	If you did file a grievance, about the events described in this complaint, where did you file the grievance?
	1. Which claim(s) in this complaint did you grieve?
:	2. What was the result, if any?
	What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to he highest level of the grievance process.
-	SOUTHERN DISTRICT COURT
-	
I	f you did not file a grievance:
Ī	FALLURE TO PROTECT AND THE THES MATTER
	COULD OF BEEN GREEVED, I WOULD OF THE
	DAMAGE WAS DONE SO I'M RASING MY CLAIM TO SUUTHERN DISTRICT COURT OF NEW YORK.
2	If you did not file a grievance but informed any officials of your claim, state who you
. 05/20	07 4

	informed, when and how, and their response, if any: I SPOKE WITH THE COURDINATOR FROM THE LAW LIBARY AT N.I.C. OKON J. AKPAN JR. HE TOUD ME A FATURE TO PRUTECT COULD NOT BE GRIEVED SO I'M FULLING
	THE 1983.
G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
Note:	You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.
V.	Relief:
you are	hat you want the Court to do for you (including the amount of monetary compensation, if any, that seeking and the basis for such amount). ZEACH A SETTI ENTER IN THE AMOUNT OF MELLON DOLLARS.

VI.	Previous lawsuits:
Α.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
	Yes No <u>X</u>
B.	If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (I there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)
	1. Parties to the previous lawsuit:
	Plaintiff
	Defendants
	2. Court (if federal court, name the district; if state court, name the county)
	5. Approximate date of filing lawsuit6. Is the case still pending? Yes No
	If NO, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
C.	Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes No _X_
D.	If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)
	1. Parties to the previous lawsuit:
	Plaintiff
	2. Court (if federal court, name the district; if state court, name the county)
	3. Docket or Index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	 Approximate date of filing lawsuit Is the case still pending? Yes No

7.	What was the result of the case? (Fo judgment in your favor? Was the case	r example: Was the case dismissed? Was there appealed?)
		MA
I declare unda	or nangity of noringy that the forestime	
	er penalty of perjury that the foregoin	g is true and correct.
Signed this 10	day of Appen , 2016.	4
	Signature of Plaintiff	Luis Lavia
	Inmate Number	4410910203
	Institution Address	09-09 HAZENS
		EAST ELMHURST NY.
		11370
Note: All plai	intiffs named in the caption of the compl	aint must date and sign the complaint and provide
their in	mate numbers and addresses.	and must date and sign the complaint and provide
I declare under	penalty of perjury that on this 10 da	y of April , 2010, I am delivering
		ro Se Office of the United States District Court for
	istrict of New York.	
		0 11
	Signature of Plaintiff:	Juia Marcia

The state of the s
Uni MARCH 3, 2010 AT APPROXIMATELY 12:10 PM
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ALSO IT WAS BLACK & BUE FOR SOMETHE.
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SOUTHERN DISTRICT CORE OF NEW YORK.	
MEW YORK CITY DEPARTMENT () & CORRECTION	
LS A MUNICIPAL CORPORATION (1) PUTCH TO	
WELLEN THE SCORE OF NEW YORK.	
WHERETORE: PLANIET DEMANDS THE	
FOLLOWING RELIEF COUNTY AND SEVERALLY AGAINST ALL DETENDANTS:	
A. COMPENSATORY DAMAGES INTHE	
AMOUNTE OF 1.2 MELITONI DOUNTS.	
B. PUNITURE DAMAGES I IN THE AMOUNT OF	
1.5 MELIEN DOLLARS.	
C. SUCH OTHER AND FURTHER RELIEF AS	
THES COURT MAY DEEM OUST AND PRIVER.	
D. PLANTER DETWIDS TREAL By duzy	
